



A JOURNAL FOR NURSES

APRIL 1941

Such a Simple Thing to Do!



*Send the card now,
while it is before you.*



When you sign and mail the attached card—requiring no postage—you are taking an important step in the right direction, not only for yourself but also for the many people who may look to you, as a professional woman, for advice.

The samples of New Improved Ovaltine, which the card will speed to you, will quickly convince you of its palatable taste and remarkable ease of digestion. You will appreciate its balance of proteins, carbohydrates and well emulsified fats . . . its wealth of vitamins A, D, B₁, and G . . . and its important minerals iron, copper, calcium and phosphorus.

The recommended three glasses of Ovaltine daily, made with milk according to directions, in an untold number of cases have spelled the difference between nutritional deficiency and optimum nutrition, between "feeling below par" and buoyant energy. The Wander Company, 360 North Michigan Avenue, Chicago, Illinois.

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Uniform on the cover, courtesy of Angelica

A JOURNAL **RN** FOR NURSES

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Debts AND CREDITS

SUPPORT

Dear Editor:

Fiddle-dee-dee to the anonymous writer who thought R.N. had "colossal nerve" to accept money for subscriptions for sick nurses, ineligible to receive the magazine! She must have been a bit ashamed of her attitude, or she would have signed her name!

Herewith is my fifty cents which, I hope, will send R.N. and a happier hour to someone who needs it!

Mildred Moore, R.N.
Chicago, Ill.

[The sick nurses' fund continues to receive enthusiastic reader support; present balance is \$47, thirty-seven gift subscriptions have been issued. Unfortunately, many of the replies to the anonymous letter referred to above, were also anonymous! R.N. publishes no anonymous letters. If you have something to say for publication, sign it. We won't publish your name unless you give us permission to do so.—THE EDITORS]

HARD-OF-HEARING

Dear Editor:

I am glad that Miss Moss brought up the problem of the nurse who is hard-of-hearing [D & C, January]. I myself have a hearing defect and, to overcome this, wear a hearing aid whenever necessary. I find that it works quite well.

I'd enjoy hearing of the experiences of others who have a similar handicap.

R.N., Brooklyn, N. Y.

Dear Editor:

I'm a hard-of-hearing public-health nurse, employed by an official agency for many years. I've studied lip reading and also wear a mechanical hearing-aid.

Although my original hearing loss was great, I think I can say I've been successful in my field. I attend meetings, hold office, take part in discussions and lectures. As a crowning achievement, I was a top-ranking student at a summer college session.

I think the secret of dealing with this

problem is to face it philosophically and to get the best scientific help possible.

R.N., Providence, R. I.

Dear Editor:

As a member of the hard-of-hearing group, I would say that we nurses are "up against it." No profession under the sun pays less attention to clear speaking! R.N.'s spend much of their time mumbling out of the corners of their mouths so that patients won't hear!

I feel that there are special fields of nursing where those with ear defects can best get on. My own job, night duty on the floor of a big city hospital, is just about the worst that a slightly deaf R.N. could find. However, my co-workers are most helpful. I wear a hearing aid which is indispensable.

What other fields do handicapped nurses find practical?

Margaret O'Brien, R.N.
Utica, N. Y.

Dear Editor:

May I suggest that there is a good field for hard-of-hearing nurses in working directly with handicapped children in public schools and corrective institutions?

There is a group of handicapped professionals in this city who have jobs giving audiometric examinations. The founder and executive secretary of this organization, the Auricular Foundation of Los Angeles, is Willard Brenton Hargrave, himself a hard-of-hearing professional.

There should be similar work going on elsewhere, particularly in large cities. Miss Moss is to be congratulated for bringing up this problem.

Agnes E. Murta, R.N.
Los Angeles, Calif.

RED CROSS SERVICE

Dear Editor:

I would like permission to send to my local paper extracts from your editorial, "Our Chance To Serve," [R.N., January]. I feel there are parts of this which explain the attitude of the younger nurse better than anything else I have read.

The public pictures us only in Red



INTELLIGENCE CAN COMBAT CONSTIPATION

- Nurses realize that a quick and violent bowel movement is not a scientific way to relieve common constipation — in fact, it may even cause it.
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You're going to get a real thrill the first time you try Sayman's Vegetable Wonder Soap and see the wonderful lather it gives... in hard water, soft water, hot, cold, mineral or alkali water. Cleansing lather that whisks away dirt, grease and grime! Gentle lather that leaves the skin smooth as velvet and soft as silk. Refreshing lather that makes your skin fairly tingle.

Made from pure vegetable oil and extract of soap root, Sayman's Vegetable Wonder Soap is mildly perfumed and has a clean odor. It contains no animal fats, no filler, no free alkali. It lathers at a touch, rinses completely, leaves no soapy film. You'll say it's WONDERFUL... for the nursery... the bath, toilet, shampoo. At drug, grocery, department and variety stores.

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Print your name, address and stocking size on wrapper from regular-size bar of Sayman's Vegetable Wonder Soap and mail with 50 cents COIN and we will send you a pair of lovely 4-thread full-fashioned white silk stockings with run-proof top and reinforced heel and toe. These full-fashioned white silk stockings are made especially for the nursing profession. For each pair you want, send 50c and wrapper from regular-size bar of Sayman's Vegetable Wonder Soap.

SAYMAN PRODUCTS CO.
2177 Locust St. St. Louis, Mo.

Cross uniform, looking after their sons and husbands. They never stop to consider that we may have struggles and problems of our own.

At the time of the depression some of us went through a dreadful period. I knew of nurses staying in bed so that they would not get hungry, waiting weeks for a call without daring to go out. Many borrowed money to buy uniforms and were weeks behind on rent. Some are still paying back money they borrowed in order to live.

We are all willing to serve, but later we have to eat. Younger nurses really have a problem!

Helen O'Dea, R.N.
Roslindale, Mass.

Dear Editor:

I was horrified on reading a local newspaper this week to see in large headlines, "Nurse Enlistment in Red Cross Lags," with the further subhead, "Many Fail to Realize Emergency."

This item was apparently a direct release from Red Cross headquarters, designed for the public at large. Don't you think this is awfully bad publicity for nursing, and a queer way to get new volunteers to sign up?

We all know that enlistments in the First Reserve haven't been quite what the Red Cross had hoped. But drastic attempts, such as this one, alarm the public and—in my opinion—won't do anybody any good.

R.N., Rochester, N. Y.

INCOMES AGAIN

Dear Editor:

After reading Miss Street's article on income tax in the January issue, I feel as though I'll "pop" if I don't ask further about this matter of uniforms! It's absurd that we cannot deduct their cost when even a baseball player gets credit for his "professional" garb.

To whom may R.N.'s appeal to correct this matter?

Olive Phillips, R.N.
West Haverstraw, N. Y.

Dear Editor:

... I for one will make a motion at the next ANA meeting in my State, that our



As Welcome as a Smiling Visitor

When a friendly, smiling visitor calls, it helps lift the patient's spirits. And the same is true of that welcome visitor, MUM. Patients appreciate the way it tackles disagreeable odors due to stale perspiration . . . to create a more pleasant atmosphere.

If the patient has been personally "air-conditioned"* with MUM, the odor of stale perspiration is quickly dispelled. This snow-white cream deodorant may be applied with no danger of irritation or staining. It will not interfere with normal activity of the sweat glands. Try MUM yourself for greater comfort.

Use MUM—for aching, burning, perspiring feet. It is also an excellent deodorant for sanitary napkins.

MUM - TAKES - THE - ODOR - OUT - OF - STALE - PERSPIRATION

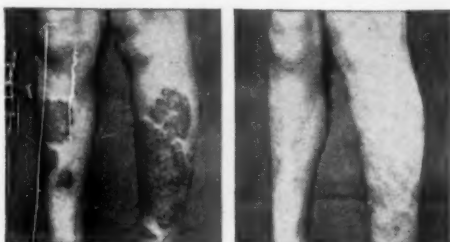
*Personal "air-conditioning": the prevention of stale perspiration body odors which so often pervade the office or sick room.

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a "MUST" for PSORIASIS



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Controlled clinical tests show that the disfiguring cutaneous lesions of psoriasis not only disappear entirely in most cases, after use of Riasol, but that their recurrence is often avoided.

RIASOL is highly recommended for just one skin condition—PSORIASIS.

A superior oily emulsified liquid, RIASOL contains 0.45% mercury chemically combined with soaps, 0.5% phenol and 0.75% cresol. Extremely low mercury content enhances its safety.

Apply once daily, before retiring, after bathing and drying skin thoroughly. Treatment is simple, convenient and economical. Riasol is stainless and requires no bandaging.

A generous free testing bottle of Riasol is available to registered nurses. Simply sign and mail convenient coupon for your complimentary bottle.

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SHIELD LABORATORIES RN-4
8751 Grand River Avenue, Detroit, Mich.

Please send me professional literature and generous clinical testing bottle of RIASOL.

.....R.N.
.....Street
City..... State.....

national organization act in this matter [of uniforms and income tax]. Let everybody all over the country work through their local ANA meetings, and we'll get some action!

R.N., Roslindale, Mass.

[The flood of letters and protests about the non-deductibility of uniform costs came much too late for any action to affect this year's income tax. However, it is not too early to think about next year. Only through organized protest by the ANA or some other large nurse group could this question be appealed to Washington, and existing decisions reversed. Authorities believe that with enough nursing interest this point could be won for 1942.—THE EDITORS]

JOB IDEAS

Dear Editor:

Someone asked in a recent letter about jobs for the "Over Forties." I have found hourly nursing worth while. My fee here is \$1.50 for the first hour, and \$1.00 each for additional hours. I get many calls from physicians to help with treatments in the home on this basis. Many of my patients merely need hypodermics once or twice a day and couldn't pay for full-time nurse service.

Another specialty of mine is a dietary service to chronics or other ill people. Occasionally, I serve meals in my home for business men who require special regimes. I am at all times supervised by physicians in this work.

Georgia Alcock, R.N.
Los Angeles, Calif.

DISTRICT DUTIES

Dear Editor:

We certainly need to become more interested in what our district associations are doing. But this will never happen as long as the officers of the various districts remain in their offices and hang up little bulletins for the next meeting.

Why shouldn't district officers make monthly visits to hospitals in their area to get acquainted with nurses, and to try to remedy grievances. Such professional backing would give us our money's worth in return for dues.

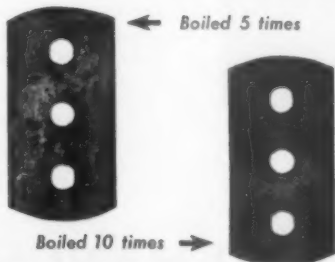
R.N., Los Angeles, Calif.



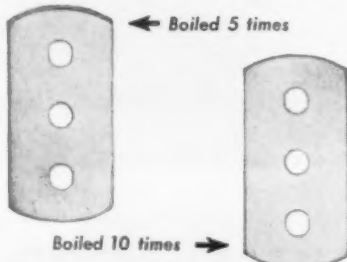
Of course you are familiar with "Lysol's" many uses ... appreciate its effective germicidal values...and use "Lysol" with confidence ...



...BUT DO YOU KNOW THAT "LYSOL", USED IN HEAT STERILIZATION OF INSTRUMENTS, PREVENTS CORROSION OF CUTTING EDGES?



WITHOUT "Lysol" in water . . . These 2 blades were boiled in plain tap water. One was boiled 5, the other 10 times. Note heavy corrosion. Almost entire surface covered with rust; cutting edges practically ruined.



WITH 1/4% "Lysol" . . . Even 0.1% "Lysol" in sterilizing water is definitely effective. But as shown above, 1/2% "Lysol" gives practically complete protection against rusting; preserves cutting edges much longer.

NOTE: Uniform razor blades were used for test because of large unprotected steel surfaces. All test blades were polished with emery cloth before boiling. Controls were boiled in plain water. All blades were boiled 20 minutes each.

... use "LYSOL" to save costly instruments!



Experienced chemists control every step in the making of "Lysol". Rigid bacteriological tests are applied to each batch of "Lysol" disinfectant before it leaves the laboratories. "Lysol" is always absolutely uniform in composition and action. Used in proper dilutions, "Lysol" is harmless to tissues, fabrics and costly instruments.



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LEHN & FINK PRODUCTS CORPORATION

• BLOOMFIELD, N. J.



These photographs were taken in the laboratory where Swan's skin tests were made and they show actual participants.



Hands in for 60 seconds.

One hand in Swan solution, the other in castile solution. 120 women and children—240 hands—took part in these unique immersion tests. Place:—laboratory of a leading pathologist. Purpose:—to test Swan's mildness against 4 of the finest imported "100% olive oil" castiles. Fresh solutions of Swan and castile were made daily. All solutions were of equal suds value.

SWAN BORROWS 240 HANDS

Tests show this new, pure, floating soap is as mild as the finest imported "100% olive oil" castiles

AS A NURSE, you make purity and mildness first considerations in recommending a soap, whether for adult or infant skin.

These attributes have given fine imported castile its high acceptance by the medical world.

In developing Swan, it was our aim to achieve castile standards of purity and mildness in an improved, but low-priced, floating soap.

On these two pages, we bring you clinical evidence that we have suc-

ceeded in our purpose, evidence supported by 240 "borrowed hands." We hope you will read the story of these tests. We are sure it will convince you that Swan Soap meets your most exacting requirements for personal as well as professional use.

Wouldn't you like to try Swan? Simply write Swan, Dept. P, Cambridge, Mass. (Offer good only in the U.S.A.)

SWAN FLOATING SOAP

PURE AND MILD AS FINEST IMPORTED CASTILE

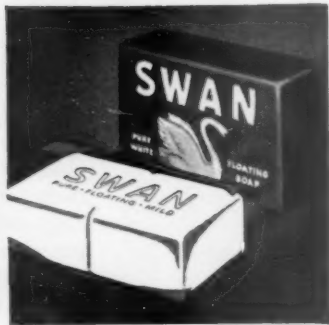
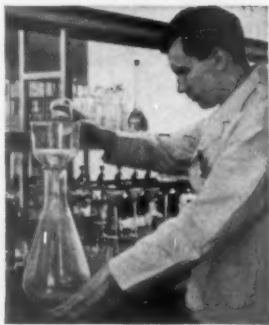
MADE BY LEVER BROTHERS COMPANY, CAMBRIDGE, MASS.



Hands out for 30 seconds. Whether 6 or 26 or 60 years old, subjects responded promptly as "stop-watch orders" were given. Hands were immersed to about 2 inches above the wrist; *in* for one minute, *out* for a half minute, 20 minutes in all. This procedure was continued three times a day for two weeks at a stretch.



Hands scored twice daily. Before first and last immersion, daily, careful medical observation was made for any unusual pathological manifestations, including roughness, redness, drying, chapping, presence of any systematic or specific skin lesions. Objective as well as subjective notations were recorded.



Proof of Swan's mildness. Results, as finally charted reveal: 34% of the subjects showed no difference in reaction. 43% reacted more favorably to Swan. 23% reacted more favorably to castile. Total findings disclose that on nearly 80% of all subjects Swan is as mild in its reaction on the skin as fine imported "100% olive oil" castiles. 60.8% of all children tested showed *even more favorable* reaction to Swan than to castile!



Proving Swan's purity. Most painstaking analytical breakdowns reveal Swan is as pure as even the finest imported "100% olive oil" castiles. There are excellent reasons, to be sure, for both Swan's purity and mildness. All fats and oils are of highest grade, carefully refined to remove impurities. Swan has no free alkali, no free fatty acid, no coloring matter nor strong perfume. It will not go rancid.



Swan has further advantages. Bland, gentle and mild as imported castile, Swan costs no more than old-style floating soaps. Yet it suds twice as fast; it is firmer; longer-lasting; whiter; smoother; fresher-smelling. Here is a soap that appeals to you as a woman and a nurse!

NOTE: We are introducing Swan Soap in one district at a time. Even though it may not be distributed in your city yet, we felt sure you would want to know about this unusual new soap in advance.

BY MONA HULL, R.N.



Standard Fruit & Steamship

Whether you choose boats, horses, planes, or bikes, this year's travel opportunities will appeal to your wanderlust—and suit your pocketbook at the same time.

You Can AFFORD A



• Do you go into a trance in the middle of ward rounds, and see yourself basking in a sunny deck chair on the high seas? Or riding through cool mountain forests of pines? Or dancing to tropic music at some native fiesta?

Diagnosed simply, you've got the vacation bug!

This year *do something* about your day-dreams. Don't amble off to the same resort you've visited for the last five years. Don't spend your time with nurses. You need a change, to get away from everything associated with your career in nursing. Plan now to do something different—to see new places, new faces. If you start early and think things out carefully, you'll find an end-

less variety of things to do that will fit your pocketbook and bring you a fresh outlook.

Here are a few suggestions. They by no means cover all the interesting possibilities. But they should focus your imagination on the most practical ways you can "get-away-from-it-all" this summer.

Cruises still head the list of popular vacations, partly because they are more economical now than ever before, partly because they happily combine rest and fun.

Best value for your money are the trips offered by freighters and cargo boats. You'll have to beat hundreds of other smart buyers to get accommodations, but it will be worth it. Freighters are primarily designed for the shipment of goods, carry passengers in a few extra cabins. The maximum passenger list is twelve to sixteen; the general atmosphere aboard is strictly in-



T.W.A.

IDA VACATION

formal. But the cabins are all outside and topside, many having real beds instead of bunks. The cooking is wholesome, not fancy, and there is almost always a swimming pool. Rates are low, as the cargo—not yourself—is the more important part of the freight.

Big sister to the freighter is the cargo-passenger boat which may carry sugar or bananas but which is planned with half an eye to passenger service. This is bigger, more elaborate and formal than the freighter—and also speedier. You will find forty-five to 150 other passengers aboard and you will dress for dinner. There are bars and lounges and organized amusements.

In the region of \$120 on freighters and cargo boats, you can buy yourself the best in Caribbean cruises of eleven or twelve days. You can go to Havana, Panama, Nicaragua, and Honduras on a twelve-day trip from New Orleans for \$118. Or you can sail from New York,



Santa Fe Railway



Standard Fruit & Steamship

on a Swedish freighter, see Haiti, the Panama Canal, the San Blas Islands, and Havana for \$125. From Baltimore or Philadelphia you can pick up a ship for a thirteen-day "Voodoo" cruise to Haiti—cost around \$110. Shorter trips down the Atlantic Coast—to ports like Norfolk and Savannah—run well under a hundred dollars.

These prices include meals and cabin accommodations aboard ship, and sometimes shore excursions. If shore trips are not definitely included, plan on taking extra money with you for that purpose. There are no passport fees, but a United States Revenue Tax in the neighborhood of five dollars is extra and attached to any cruise you take. (Jamaica and Bermuda, should you head for those islands, have landing taxes of one dollar and \$3.25 respectively.) Allow also a few dollars for deck chairs, about a dollar a day for

tips, and a small reserve for entertainment aboard ship.

On the Pacific Coast, you can go to Alaska by boat in as little time as nine days, for as little money as \$95, including your return trip. Best information on cargo boats in the West can be had from the Freight Boat Travel Bureau, Los Angeles. In the East, Tramp Trips or Viking Voyages in New York will provide a wide selection of trips to choose from. If there is a travel agent in your town, tell him what you want. He'll make every effort to find something which you can afford—and something that will give you your money's worth in adventure.

Rugged individualists in the profes-

Dude ranches appeal to horse-lovers, ocean waves to the nautical. Both take you far far away from nursing, to new places, new friends, and new fun.

Photos: American Airlines, Paul Hess & Son



sion may find the answer to their vacation needs in a real honest-to-goodness schooner trip. To sail before the mast in an old-time sailing ship costs only \$35 a week, \$60 for two weeks. Two schooners operated by Capt. Frank Swift, P. O. Box 57, Camden, Maine, run under full sail, and cruise up and down the coast of Maine, stopping at little ports whenever and wherever passengers may want to go ashore. You'll have to help a little with the sailing and take care of your own quarters. . . Better reserve your bunk early, though. The captain has many applications.

Deep-sea fishing addicts can find inexpensive sport along the New England coast, off Florida, and off California. Parties go out daily for about \$15 or \$25 a day, and combine boating and fishing to their heart's content. Don't plan this sort of a vacation, however, unless you know just what is involved. No amateur should attempt to spend an entire vacation in this way—it's too strenuous for the inexperienced.

But why water after all? If you're the type that turns mauve at the sight of a wave, there are plenty of other things you can do.

If you own a car and like to drive, a motor trip is cheap and can offer many byways and sidelights. All you need are good maps and natural curiosity. In New England and Canada, the countryside offers peace, quiet, and good food. The Gaspé Peninsula is famous for its quaint landscape—and this year you'll have a chance to drive on improved roads. Canada, east and west, offers mountains, lakes, parks, and rivers of unbeatable beauty. (Be sure you carry identification for border crossings.)

If you're really feeling adventurous, try the new Pan American highway which runs from Laredo, Texas down through to Mexico City. The driving isn't always easy, but the roads are fair. You'll need no passport, only a tourist permit.

Take a motorized vacation only if you're in top health and not low in energy after a year of strenuous nursing. Also plan on taking two more drivers in the party. Driving can be tiresome if you do it steadily for two weeks. Join the American Automobile Association, take advantage of its road service and information bureaus. You won't regret it.

Buses and trains take you anywhere, at phenomenally low rates. And this year you can go by plane for about 40 per cent over rail fare. When you figure time saved, meals and pullmans you don't have to buy, the air rates are not excessive. For R.N.'s, plane travel may save valuable hours and days.

To give you an idea how the rates of different methods of travel compare, here are round trip fares from Chicago to Mexico City: By bus, the trip costs \$56.20 but there are no sleeping accommodations. You either sleep on the bus, or stop over en route and pay hotel expenses. Coach train fare (if you sit up at night) is \$68.95, with the trip on from Laredo made by bus as no coach trains go through. First-class train fare with lower berth is \$129; plane fare is \$210, but the trip by air is less than twenty hours, as compared to three-and-a-half days by rail. (Rates from New York run slightly higher.)

Pick your travel methods to suit yourself, but remember that on a short vacation, you want to save your energy as well as your money.

For those rare nurses who have energy to burn, hike and bike trips are among the cheapest and happiest forms of amusement. Great friend of the vagabonder is the American Youth Hostel Association, which will see that you get bed and board in practically any section of the country at rock-bottom prices. You must be a hiker or a cyclist, or some sort of a rough-it vacationer, though. Youth Hostel centers charge 25 cents a night for lodging and cooking utensils. Sometimes you rent bedding, more [Continued on page 56]



● Spring always means time to look over new uniform styles with an eye to stocking up your professional wardrobe for the warm days ahead. Here is the latest information on the practical and fashion features to look for when you go shopping for uniforms this season.

Stylists, manufacturers, testing bureaus, and fabric mills have got together this year to turn out garments that will look smart on you—and wear well too. If you buy carefully you'll be able to combine high fashion in styling with high wearability—and at a reasonable price.

Poplins, for instance, come this year in a new quality which may be laundered without starch. They will stand up beautifully without a grain of stiffening—and because they needn't be perpetually stiff, they wear longer... Take along a pocket magnifying glass when you shop for uniforms. Look over the warp threads in the uniform fabric. (These are the lengthwise threads in the loom, crossed by the woof. They are

"To market—to

—To buy a spring uniform! Be shop-wise this year; pick your rayons and poplins with an eye to vital details. R.N.'s preview of warm weather duty clothes will help you to plan ahead towards a summer which will be both comfortable and à la mode.

usually stouter and harder twisted than the woof.) See whether the poplin is two-ply or one-ply. Two-ply means a stronger fabric.

Quality sharkskin can be recognized by the firmness of the weave, the sturdy feel of the cloth. Examine the buttonholes for signs of ravel; if there are any, the material is probably not first quality and will not give satisfactory service. (The price of sharkskin gives some indication of quality. You probably won't find really good sharkskin

uniforms for less than \$3.50.)

By this time, after years of experience, you know more about the laundry problem in the uniform field than do laundry experts themselves. You have made "The Choice" as to whether it's to be poplin and the hospital laundry, or sharkskin and your own sudsing. Whatever your preference, you want your whites to take to water.

So ask questions when you buy, this Spring. Ask if the uniform is approved by the American Institute of Laundering or by some dependable fabric-testing bureau. Ask about shrinkage, but be as canny as Sherlock Holmes when you analyze the answer. Plenty of "pre-shrunk" garments shrink some more when you get them home. Look for some specific shrinkage guarantee; many good uniforms are warranted not to shrink over one per cent, or not to diminish below marked size. If you see the label "sanforized-shrunk" that means the fabric won't shrink beyond one per cent by all standard tests... With these guides, you should have no

season's models is a cleverly set-in back pleat which covers up a tiny elastic webbing. When you reach forward and out, there's no pull across the back.

Buttons, studs, zippers, and grippers are all being used interestingly this year. News in the fastener field are the "grippers"—an idea which one of the manufacturers borrowed from men's shorts. They are giant snappers, invisible, and set firmly into the cloth by special machines. You unfasten yourself with one slight tug—but you never come undone when you don't want to. The beauty of these new grippers is that they *love* washing-machines and mangles. There's nothing to break or pull off. In hospitals where zippers are forbidden because they upset the laundry machinery, grippers are welcomed. (Don't buy sharkskin with gripper fasteners, however. The fabric isn't meant to stand the strain of daily tugging.)

Studs show off particularly well on sharkskin, lend themselves to the softness of the material. But if you want a uniform with buttons attached, be sure

to market—"

BY NATHALIE JACOB, R.N.

trouble finding uniforms that won't shrink.

For years, R.N.'s have been campaigning for more freedom in the shoulder and under-arm area. The anti-pull school of thought has won a victory this year. You will find both poplins and sharkskins with added flare under the arms. This additional "give" makes these uniforms unusually comfortable to work in—and eliminates that uneven hemline when you reach.

An added attraction in some of this

to inquire whether the buttons are indestructible. Many manufacturers are featuring indestructible buttons and you'll find them a convenience if you send your uniforms to the laundry.

As for zippers—you'll find them developed to the point where they are practically foolproof. Most of the groans you have heard from Accident Annas were caused by cheap zippers, not the standard brands used by the better uniform manufacturers.

Last year a number of nurses asked

why they couldn't have uniforms without collars; now several manufacturers have complied with the request. They have designed cool, clean-looking models which promise to become best-sellers. One has a tiny imitation collar at the yoke, another an appealing square neck with careful tailoring to the side. Especially comfortable for the hot days ahead.

This, incidentally, is just one indication of the way manufacturers try to develop garments that combine all the features you want in comfortable professional uniforms. You'll find ample, well-stitched seams, anti-rip pockets, pockets big enough to hold things. One manufacturer puts poplin shields into all his sleeves.

On the fashion side of current uniform offerings, your vanity hasn't been neglected this year even, though so much emphasis is being placed on quality and comfort. Uniforms are styled by experts—and as carefully as your

street clothes. You may have tucks and flares, pleats, a smooth waistline—in fact, almost any style feature which is becoming to you in the clothes you wear off-duty.

The newer soft fabrics, fashion authorities say, are here to stay. Every season finds them being used more skillfully. Manufacturers estimate that they sell about one sharkskin uniform to every ten poplins, but that the ratio may rise to three to ten before long.

A new pebbly rayon is being offered for 1941, and it promises to become quite popular. It combines the softness of sharkskin thread with another thread which doesn't shine. The effect is unusually white and clean-looking. Then, there's a new white cord stripe on a weave background; these uniforms need little decoration (in the way of tucks or fancy stitching) as the rayon fabric itself is anything but plain.

Manufacturers point out that some hospitals ban [Continued on page 46]



News OF THE MONTH

BY HENRIETTA STREET, R.N.

● *Good news* came at the tag-end of last month from national headquarters of the American Red Cross in Washington, D.C. "Although response to the call for first-reservists was slow starting," R.N. was informed, "nurses are now answering in satisfactory numbers. Mobilization is progressing according to schedule." Orchids to those nurse-volunteers who have made this record possible!

Improvement of the recruitment program of the Red Cross does not mean, however, that the job is done. Washington headquarters of the Red Cross report that thousands of additional nurses will be needed as the military forces continue to expand. Nurses must continue to enroll in the coming months—and their employers must make it easier for them to do so. "We found," says the Red Cross, "that the lag in recruitment in many instances was due not so much to the attitude of nurses as it was to that of their employers. . ."

To the correction of employer-attitudes, the Health and Medical Committee of the Federal Security Agency is now directing its attention. First step in this direction was a memorandum issued by Dr. Irvin Abell, chairman of the committee (and former president of the American Medical Association), to "all employers of registered nurses." Said the memo:

"Nurses in encouraging numbers are making their sacrifices by giving up a year of their civilian career for a tour of patriotic duty. In order to further encourage and stimulate the recruitment of nurses for the military service, I would urge hospitals and other organizations employing nurses to (1) Encourage nurses to offer their services

to the country and arrange, wherever possible, *for holding their positions until they return to civilian life.* . . (2) Institute, or, in conjunction with other organizations, support 'refresher' courses for nurses who are now inactive but otherwise competent and experienced for nursing staffs. . . (3) Employ nurses of the latter classification to substitute for members of staffs called to military duty, thus avoiding serious disruption of hospital or agency service. . ."

● Nursing organizations, not hospitals, however, took the lead in offering refresher courses to women not now actively practicing. "Return and retrain" was the slogan (phrase neatly coined by the New York State League of Nursing Education).

Refresher courses already under way in many States, a minimum of two months in length, will get the retireds back into the swing of things. They will theoretically be used on general duty in hospitals to replace younger R.N.'s called to the colors. On the question of what specific jobs these substitutes may have, their salaries, and of their futures when the emergency subsides, nothing definite has yet been said.

● This month the California State Board of Nurse Examiners offers a special examination for nurses who have not kept up their State registration or who may have been inactive for several years. Those who pass will have an opportunity to obtain a license to practice professionally in the State. Candidates for the examination must give evidence that they are U.S. citizens, high school graduates or the equivalent, graduates of accredited nursing schools with diplomas dated [Continued on page 36]

SHOULD MARRIED N

No!

• I am director of nurses in a large midwestern hospital. I do not believe married nurses should work at full-time, regular jobs, inside or outside a hospital. I myself am not married, which will doubtless lead some of you to the conclusion that I am "just another old maid." As a matter of fact, I am young enough so that sometime in the near future I may make an altar-march myself. In which case, I will certainly give up my job—and not take another.

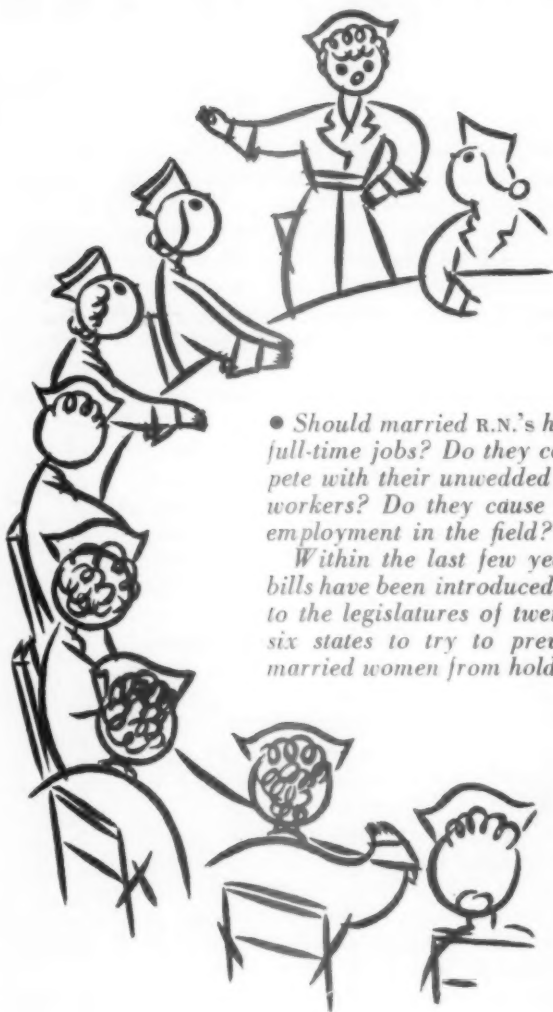
I believe that married nurses should *not* work for two very good reasons. One of these is professional: That they can do more for nursing by resigning before their wedding day. The second reason is personal: That they cannot do justice to homes and families while trying to keep up with the swift pace and hectic hours of a really good nursing job.

Let's consider the professional angle first.

The old argument about unemployment within the ranks still holds. Current propaganda to the contrary, there are still plenty of nurses without jobs. It stands to reason that if R.N.'s who marry

• Should married R.N.'s hold full-time jobs? Do they compete with their unwedded co-workers? Do they cause unemployment in the field?

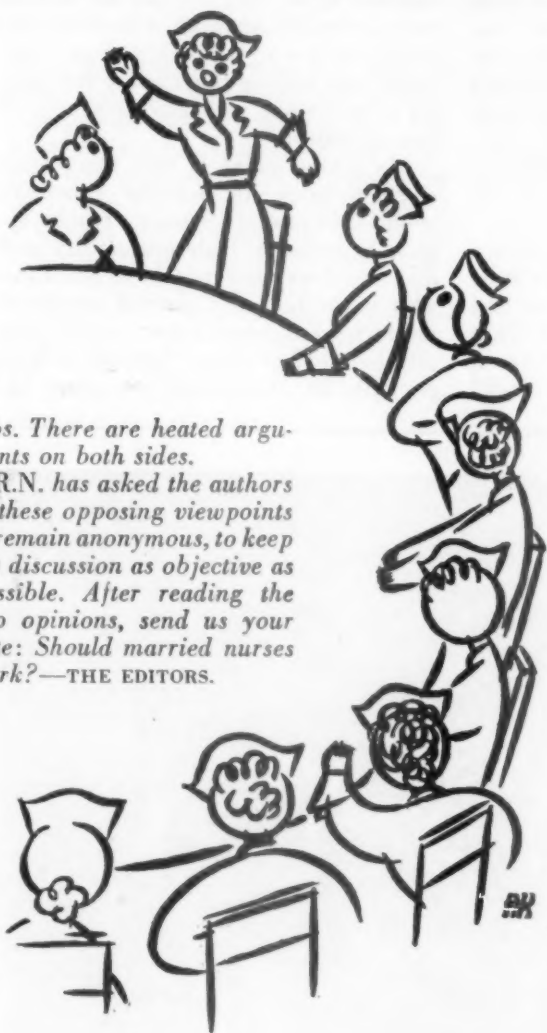
Within the last few years, bills have been introduced into the legislatures of twenty-six states to try to prevent married women from holding



hold on to their old positions, and continue to advance, they cut down the chances of the ambitious unmarrieds who don't have husbands to fall back on—and who need extra salary and more responsibility.

I've seen it happen many a time. Miss Smith, head nurse in our clinic, gets married to a well-to-do surgeon in town. She can afford [Continued on page 21]

D NURSES WORK?



Yes!

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jobs. There are heated arguments on both sides.

R.N. has asked the authors of these opposing viewpoints to remain anonymous, to keep the discussion as objective as possible. After reading the two opinions, send us your vote: Should married nurses work?—THE EDITORS.

I would like to put in a word for the wedded among us.

The majority of single nurses who criticize us because we are holding down jobs, don't realize that we are working—not simply because we like to—but because we *have* to. A recent study of married women at work, made by the National Federation of Business and Professional Women's Clubs uncovered an astounding fact—that more than two-thirds of women workers were on the job because of "dire need" in their families. A mere handful kept their jobs because they preferred a career to housework.

This fits in with the stories of many a married nurse. Ask a few if they wouldn't rather keep the home-fires burning!

Do you think they *like* night-duty, or rushing home to broil a few chops? The fact is that most of us work because friend husband has lost his job, taken a pay-cut, been ill, or had unexpected reverses. Isn't our need as great as that of the single woman, who only has her own board to worry about?

The idea that we are taking jobs from other deserving R.N.'s also doesn't

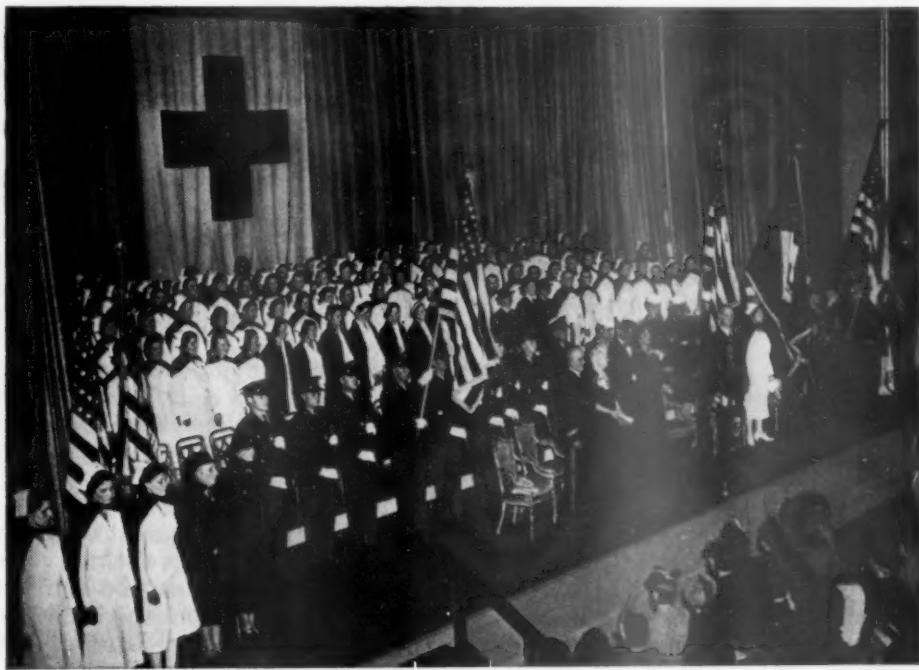
• I am that person so bemoaned by those opposed to married women working. I'm an R.N., married, employed, and—to make matters worse, I have two children of school age! According to the traditional picture, both my children should be half-starved, I should be a nervous wreck, and my work should be bad beyond description. As none of these horrible predictions has come true,

hold water, in my opinion. Economists have long since proved that jobs don't exist in any set number so that one more for a married woman means one less for a single girl. Many of us who are married have created jobs which hadn't occurred to our unmarried sisters. Lots of us have worked up our own practice in private duty and hourly nursing, where there just *wasn't* any work before, and wouldn't be any if we left.

But it seems to me we really get down to the crux of the matter when we start talking about the married nurse and what she can offer her profession. That sad picture of the R.N. with one eye on the patient and the other on the clock!

That, I say is a downright unintelligent argument! I've seen many a clock-watcher in my day and not all of them were married! Anybody who does poor work deserves to be fired, and we "marrieds" are willing to compare the quality of our work with anyone's, regardless of status.

My prime point is that the profession, without its married members, would lose one of its most valuable assets: experience. Rule out all the wedded members, and you have left those who never had any marital problems, never went through labor, never actually handled children through difficult periods. In [Continued on page 44]



Wide World

CALL TO ARMS: There was "standing room only" at the Red Cross Rally in the grand ballroom of New York's Waldorf-Astoria, on March 10. Three thousand nurses heard Army Brig. Gen. Irving J. Phillipson call for more First Reserves. Mrs. August Belmont and Lowell Thomas emphasized that "Uncle Sam needs nurses," needs them badly.

Should married nurses work? No!

[Continued from page 18]

to stop work—but she can't imagine what she'd do with her time! Consequently, she stays. Miss Jones, who had been her faithful assistant for five years, and who had hoped for promotion at last, stays just where she is. The new graduate who thought she might advance into Miss Jones's job, gets a floor-duty assignment instead.

Miss Smith isn't helping her profession any; sooner or later she'll drop out when she decides she has worked long enough. Meanwhile, turnover is slowed down; younger girls don't get a chance. Multiply this case by thousands all over the country, and you have one of the causes contributing to unemployment among nurses. In private duty the competition of married nurses is just as vicious as in hospitals.

There's another professional argument against wedded R.N.'s. They can't give the best of themselves to their work. Married secretaries and teachers may be all right. But married nurses seem to have one eye on the patient—and the other on the supper menu, or the time they'll be off duty!

A recent study by the National Education Association reports that married women workers are more subject to absences and illness than single workers. That sounds sensible; they are trying to do two full-time jobs instead of one. As a result they're probably doing neither well.

All job problems for married women also ultimately center around the question of pregnancy, expected or unexpected. Here, too, the R.N. is apt to cause her profession difficulty and inconvenience. Unexpected pregnancies are a major bug-a-boo for executives in any nursing field. Competent workers are no sooner fully trained for a difficult job than they come to you, at the height of a busy season, with the

joyful news of impending motherhood. Excuse my apparent cynicism. I love babies, but their imminence has caused me many a sleepless night of shifting plans. This is a problem which no amount of foresight can eliminate—unless you eliminate the married R.N. herself. At the risk of being called narrow-minded or prejudiced, I have at times done this very thing—refused a competent girl an important post because she is married and her almost-as-good competitor is not.

The other side of the picture is the personal life of the R.N. who marries. I don't honestly see how any human, even though strong as an ox and bright as a button, can do eight or twelve-hour duty and run a home and keep a husband happy as well. Hours in nursing are irregular and married R.N.'s must do night duty with the rest. The emotional—if not the physical—health of these girls and their children, if any, is bound to suffer.

Figures from the Children's Bureau in Washington show that the infant mortality rate among working mothers is 1.8 times as great as for non-working mothers. Here is a powerful reason why married women should give up their careers and devote the early years of their marriages to being wives and mothers.

I am not alone in my contentions. A Gallup poll in 1939 found that 78 per cent of the people interviewed were opposed to women working. The Vox Pop survey in 1939 likewise showed a clear majority opposed to the idea. A few years previously, *Fortune* magazine made a survey and discovered that 85 per cent of the men and 79 per cent of the women queried in its survey agreed married women should not work outside the home.

Let married nurses keep the home-fires burning. They can be invaluable as substitutes, part-time workers, or as volunteers. But they don't belong in the regular ranks!

SUBSIDIES

- There is a movement under way to secure funds from the Federal Government to finance schools of nursing.

It seems that the U.S. Office of Education has shown willingness to issue grants for nursing schools—just as it has agreed to provide monies for the “educational advancement” of other professions.

Under recent Administration rulings, the Office of Education has become part of the Federal Security Agency, of which former Governor Paul V. McNutt is head. Presumably, Federal Security funds would be drawn on if the nursing school subsidies go through.

On the surface, this all looks very good. If nursing school facilities are to expand, if programs are to advance, more income than educators now have will be needed. Since Federal dollars are to be spent, why not snag some of them for nursing. . . That is what some people are saying, their concern all directed toward providing extra funds for nursing education.

R.N. believes that is only one side of the question. Many other aspects merit consideration by the profession.

What department, agency, or other Government division will have

the power to make grants for nursing education? What body or individual will decide which schools are to be "favored"—and with how much money? Who will say to what purpose the funds are to be put? What restraint will be placed on indiscriminate demands for grants? What control will be set to prevent expenditure of Federal money to draw more students into nursing schools than are needed—more students than will find jobs when the present emergency is over? Finally, what *strings* will Government administrators tie around money so granted? What assurance will nursing have that the Federal Government will offer assistance—free and clear—with no meddling as to how schools are to be run.

These are questions we think all nurses should ask. Because if nursing education calls on the Government for aid and does not indicate its ability to hold fast to the reins of nursing's educational future—Washington may be sorely tempted to take over. Once Government dominates nursing education its domination of nursing practice will not be far off.

In view of organized medicine's dogged resistance to Government supervision, it would seem unfortunate if nursing (medicine's ally) were to sign away its independence without weighing carefully the disadvantages as well as assets of such a pact.

APRIL 1941

WOMEN WHO NURSE



MAY BOBECK, R.N.

● When a nurse who has had wings for almost a decade voluntarily grounds herself to go back into nursing, that's news! It's also proof that the nurse thinks a very great deal of the profession.

May T. Bobeck does. From her early teens she wanted to be a nurse. Then she became one—and, through her nursing, stepped into what most people consider one of the most thrilling careers open to women: flying. But after riding the crest of this wave for seven years, she hung up her smartly tailored airline-stewardess garb and went back to the traditional white cap and uniform. Pioneer stewardess for American

Airlines, she is now pioneering in a new medical department for aviation employees.

May Bobeck grew up in a professional atmosphere; her father was a Chicago pharmacist. Early in her teens she decided upon nursing as a career. When her academic education had been completed at Carl Schurz High School in Chicago, she entered nursing training at St. Elizabeth's Hospital, graduating in 1931. As a post-graduate, she entered the field of public-health nursing and was employed by the Cook County Health Department.

A year spent in this field, and another year as a field nurse for the Chi-

cago Board of Education, began her varied practical background. Another year in industrial nursing with a large printing concern rounded it out. It was during this year that she received a telephone call which changed her life considerably.

"A friend of mine, who was then nursing at the Little Company of Mary Hospital in Chicago, called me one day," she recalls. "She had just been dressing an injured hand for Barry Graves, an executive of American Airlines. In chatting with her, Mr. Graves had mentioned the company's plans to create a new service for passengers—graduate nurses to be in attendance on every flight. He had told her whom to interview about it, and she asked me if I was interested. The idea caught my imagination immediately . . ."

The next week Miss Bobeck went for an interview. After three hours of questioning, during which everything from her early training to her preference in

music was discussed, she was told to report for work the next morning. "Just like that," she laughs, "I was an airline stewardess."

The stewardess work did not begin, however, until after a period of quick, intensive preparation. Reporting for duty, the four girls (all registered nurses) who had been selected to initiate the airline's program, were popped on a plane and flown to St. Louis to begin their training. This was May Bobeck's first flight. She wasn't sick, had no qualms, and felt only tremendous excitement. In St. Louis they were taken to the aircraft plant which manufactured the fourteen-passenger Condors used at that time by American Airlines.

"I don't remember sleeping at all during those three days in St. Louis," Miss Bobeck says. "I was too thrilled. We watched the workmen in the factory. We saw them building the wings and installing the huge engines and testing the planes. In three days we crammed our minds with all the knowledge about aircraft we could possibly absorb." While touring the plant during this interval, the four girls were introduced to a tall, blond young man and his dark, quiet wife, who were also inspecting the plant. They were Col. Charles Lindbergh and Anne Morrow.

Upon returning to Chicago, the future stewardesses settled down to daily instructions in their duties. Three weeks of training, under the supervision of airline officials, provided facts on everything pertaining to any possible emergency aloft. Some time was even spent on the technique of greeting and soothing passengers. (Training of stewardesses in 1933 was somewhat experimental, as is any such course when it is first launched; the program has changed considerably since then.)

When the three weeks were up, the four girls were assigned regular flying schedules, Miss Bobeck drawing the Chicago-New York run. Her first flight

Photos from American Airlines



Miss Bobeck has plenty to say about who flies and who doesn't. Above, she conducts all-important vision test.

was uneventful, being made with a full load of fourteen passengers; all behaved admirably, none got sick or gave trouble. Miss Bobeck was almost disappointed that things went off so smoothly!

From then on she had breakfast in Chicago, lunch in the air, tea in New York, and dinner back in Chicago, making a round-trip daily. She remained on the New York-Chicago run for some time, was then transferred to the West Coast, and again to the Cleveland-Memphis run. During her seven years as a hostess she has worked on all major flights of the American Airlines. She has flown over two million miles without a single accident, forced landing, or otherwise precarious situation, though she has flown under all sorts of weather conditions.

Her chief concern during this time was how to answer passengers' questions, which range anywhere from "When do we get to Chicago?" to "What makes this thing stay up in the air, anyway?" Often aeronautical students, or otherwise partly informed persons, like to talk "shop," that is, discuss aeronautics in technical terms, to impress other passengers. Since they can't talk to the pilots, the hostess comes in for her share of attention as foil for these conversationalists. Other passengers like to talk about the same variety of subjects that might be discussed with a train conductor, usually also including an interest in the hostess' own job, how she likes it, and so on. Soothing nervous first-timers and stabilizing an occasional stomach in a tail-spin were about the most serious

Close ups

BY MARIE CRAIG, R.N.

What made you decide to become a stewardess? Was it glamor? (Asked of nurses at LaGuardia Field, New York.)

● MYRTLE E. GREEN, Belmar, N.J. "In my last year at training school I developed a strong desire to become a stewardess. Not glamor but a desire to maintain my interest in nursing and travel at the same time attracted me. I had always liked traveling,



but my finances set up limitations for my desires. Flying provides both nursing and travel and I'm enjoying the combination to the fullest!"

● ALICE MOYNIHAN, Morristown, N. J. "I decided to become a stewardess because of the opportunity to travel and meet people. After a few years of private duty, I thought I'd enjoy taking care of healthy plane passengers for a change. I suppose the work does seem glamorous to some, but that didn't occur to me at the time."



● MARGARET M. MORRISON, Boston, Mass. "Frankly, I had seen so many babies I needed a change to an adult atmosphere. I had been working in the maternity department of a city hospital, in what seemed to me to be a particularly uninspiring set-up. I didn't want to lose my interest in the profession—but I wanted to be in a more progressive atmosphere. Flying offers just what I was looking for."



problems she encountered, though during the past few years, air-sickness has become almost a thing of the past.

One of the minor duties of the stewardess is to see that passengers buckle their safety-belts on taking off and landing, a standing rule of all commercial flying. Miss Bobeck says she could spot the first-timers by their unfamiliarity with this safety device. They invariably had to be told several times to clasp it—and they could not get it fastened without fumbling. Seasoned flyers reach for their belts automatically at the appropriate times.

May Bobeck has had her share of celebrities on her flights, among them being Pope Pius XI, the late Will Rogers, and Amelia Earhart.

Each year she has flown to many of the leading sport events, serving as hos-

tes to the football teams and to special passengers who chartered the ship. These were the liveliest trips, she remembers emphatically. The Rose Bowl game in California, the Kentucky Derby, and many other national events were included in her annual pilgrimages.

"The biggest thrill I ever got out of my work as a stewardess, however," she says, "was when I had as passengers from New York to Buffalo a seventy-five-year-old couple who were celebrating their Golden Wedding anniversary. They had been planning this trip for years as a celebration, and did they have a time! I enjoyed it as much, almost, as they did."

Like most airline stewardesses, Miss Bobeck has had a high score of matrimonial proposals from business men, politicians, [Continued on page 34]

● HELEN-ANN BURDGE, Freeport, Ill. "I



wanted a chance to combine travel with my professional work. Glamor and work don't mix, so I never considered that phase of the job. With requirements as they are today, being a stewardess is a most desirable goal to reach. I feel now that I've reached the top!"

● VERA R. INGHAM, Willimansett, Mass.

"I wanted to understand human nature more thoroughly. Flying gives me a chance to meet people under pleasant circumstances than those in a hospital ward. Since I've been a stewardess I've acquired poise in meeting new people and new situations. I enjoy a change in personalities as I do a change in scenery...and two flights are rarely identical."



● EILEEN MCGARRY, Springfield, Mass.

"No; it was not glamor that attracted me. Another nurse bet my friend and I that we would not be accepted as stewardesses. Although the requirements were high, we took up the bet—and we both won!

I have been thoroughly happy in my work. I confess, though, that while I was in training and would hear planes passing over the hospital, I had pretty much decided aviation was to be part of my future."



[This is a new feature which R.N. hopes to run regularly, provided readers like it. Nurses in different branches of the profession will be interviewed each month. You are invited to send in your comments—and to suggest questions which you'd like to see answered.—THE EDITORS]



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NEWER FACTS

in Obstetrics

● Leadership in the field of obstetrics has been held by three countries. In the Seventeenth Century in France, Paré, with others, made it possible for men to gain access to the delivery room. In the Eighteenth Century, England raised the status of obstetrics to the dignity of a profession. Semmelweis and others in Germany during the Nineteenth Century succeeded in making it a great branch of medical science. Because of present-day conditions abroad, it is reasonable to believe that the outstanding work to come in obstetrics will emanate from the United States. We have already contributed valuable information during the present century. Progress in obstetrics is proven by definite figures. As an example, infant mortality has been reduced from 12 to 14 per cent per year for the past four years. And from 1928 to 1938, maternal mortality dropped 35 per cent and is still decreasing a little.

It is now apparent that many changes occurring in the maternal organs during pregnancy are exaggerations of the same alterations undergone in nonpregnant women each month. The same hormones which govern pregnancy also influence the nonpregnant woman. The abnormalities of hormone balance are probably responsible for disturbances of pregnancy as well as those of menstruation.

What, then, are the leading therapeutic measures employed in obstetrics today? Treatment of various complications of pregnancy, improvement of cesarean section, contraceptive prac-

tice, artificial insemination, and many other procedures are among the important advances made in recent years. At the risk of omission, however, the following have been selected as especially outstanding—and of greatest interest to nurses.

Tests for pregnancy.—Recently several new tests for pregnancy have been reported. Perhaps the best known and most commonly used is the Aschheim-Zondek test. Urine from the woman is subcutaneously injected into an immature, female white mouse. This is done three times a day for three days. On the fifth day the mouse is killed and the ovaries examined. If the subject is pregnant, the ovaries of the mouse are enormously enlarged and will show congestion, hemorrhage, and maturation of follicles. Instead of their normal pale color, they will be pinkish red. This is due to overproduction of the hormone of the anterior portion of the pituitary body in the woman. An excess is excreted in the urine and causes the reaction. A positive reaction may be secured as early as the second week of pregnancy. It has been found positive as early as four days after the expected menstrual period. Accuracy is reported in 98 per cent of the cases. If the report is negative it should be repeated. Through use of the test it is now possible to recognize pregnancy at an early date and so institute necessary treatment.

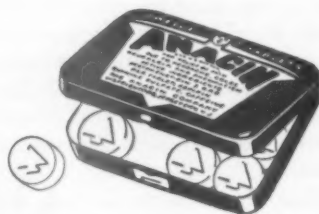
Similar to the Aschheim-Zondek test, but in some respects less time-consuming, is the [Continued on page 48]



ANACIN is recommended for the relief of pain and discomfort due to headaches, colds and neuralgia, and is of value in relieving pain associated with functional menstrual disturbances.

DOSAGE: 1 or 2 tablets with water. Repeat if necessary, 1 tablet in 3 hours.

• PROFESSIONAL SAMPLES ON REQUEST



THE ANACIN COMPANY • JERSEY CITY, N. J.

IN REVIEW

A QUICK GUIDE TO CURRENT BOOKS OF INTEREST TO NURSES



FEEDING OUR OLD-FASHIONED CHILDREN.

C. Anderson Aldrich, M.D., and Mary M. Aldrich. \$1.75. The Macmillan Co.

● Our children are old-fashioned, say these authors; their eating equipment and nutritional needs are as primitive as those of the Stone Age. But modern environment surrounds them with so many complications that they are "like a sturdy Model T Ford traveling a streamlined super-highway."

All normal children are hungry; they all like to eat. Damaged appetites, more often than not, are caused by parental misunderstandings about food. In correcting many exploded ideas about eating, the authors do not preach and scold. They reassure, suggest, and offer practical suggestions—but they set no hard and fast rules.

Nurses who know the Aldriches' previous book, "Babies are Human Beings," will promptly want to own this new volume. Though written for parents, it is better than a textbook for professionals. No one could resist the appeal of the photographs, which bring home facts as well as the text does.

SONGS OF THE NIGHTINGALE.

An anthology of poetry by nurses. \$2.50. Harbinger House.

● For cynics who protest that nurses can't write, here is a surprise. The hundred or more R.N.'s who contributed to this volume admirably demonstrate that throughout the profession there are those with a real flair for verse!

The publishers have selected a wide variety of topics and—as nurse-poets write about everything under the sun—you will probably find some of your favorite ideas expressed herein. There are sonnets on sorrow, lyrics on love, dirges on death, limericks, quatrains, and couplets. Most of these indicate a down-to-earthness and

straightforwardness far above the reach of the amateur rhymster; only a few gush and wax sentimental over the trials and tribulations of hospital life. And if not all the contributors are Elizabeth Barrett Brownings, Edna Millays, or Jan Struthers, how many poets are nurses, for that matter?

YOUR CAREER IN NURSING.

Cecilia Schulz, R.N. \$2.00. Whittlesey House.

● How to be a nurse is the theme of Miss Schulz' gay little volume. It is not for you—but for the youngsters you may know who are now considering careers.

The author knows her subject by actual experience, having formerly been in private practice. She covers the essentials of what it takes to become a nurse and does it without waste words or emotion. Miss Schulz has drawn generously on facts and figures published by the ANA and other authorities; some of the anecdotes suggest reference to articles on career opportunities and women in nursing which have been published in R.N. during the past two years. All her material is presented convincingly.

The author's verbal mannerisms and constant effort to write vigorous and colorful prose may distract some readers, particularly those seasoned nurses who may explore the book before recommending it. For young women who want career data in swing-time, however, this volume should fill the bill.

NEUROLOGIC NURSING.

Nicholas Gotten, M.D. and Letitia Wilson, R.N. \$3.00. F. A. Davis Co.

● This book is offered on the premise that it provides "all the facts essential to intelligent nursing care." To some extent it fulfills its purpose, having brevity and clarity in its favor. There are sections, however, where [Continued on page 46]

★ ★ ★ SPECIAL OFFER

to registered nurses

Ever want a shampoo and want it in a hurry? Then all you need to have on hand is

VAPON DRY SHAMPOO

- ✓ cleans scientifically
- ✓ dries instantly
- ✓ harmless to hair and scalp
- ✓ leaves hair waves in
- ✓ eliminates shampoo colds
- ✓ ideal during monthly period, and for sinus disorders.

Is your patient
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After you have
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trial, tell her about
it.



(Just pour it on)

VAPON REGULAR PRICES:
8 oz. bottle (1 shampoo)....\$.65
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SPECIAL TO NURSES: ★ ★ ★
Professional 8 oz. can, 25c
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Complete satisfaction guaranteed.



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Calling

ALL NURSES

Is there someone in the profession you'd like to locate? You may insert here, without charge, a 75-word notice. Items will be published in the order received. Be sure to include your full name and address so that replies may reach you. Address the "Calling all nurses" editor.

ST. AGNES' ALUMNAE: (Philadelphia.) We are planning a reunion of all graduates and will hold a Communion breakfast at the hospital on May 18, at 8:00 A.M. Won't you come? Please make reservations with Eleanor Ruth, 1900 S. Broad St., Philadelphia, Pa.

MARY O'DONNELL: I have lost track of your address. Will you please write me? Katty Fetzer, Sarver Hall, Butler, Pa.

MARGARET ROONEY: Graduate of Leonard Hospital, North Troy, N. Y. If you see this notice, please drop me a line. An old friend is very anxious to get in touch with you. (Mrs.) Rose LeMay Bowes, Star Route, Salem, N. Y.

MT. SINAI GRADUATES: (Philadelphia.) Our annual alumnae day is scheduled for April 30. Please get after other members and help make this reunion a grand and gala occasion. Send your reservations in early! Sara Kolin, 229 S. 22nd St., Philadelphia, Pa.

HARRIET WALLER MITCHELL: (Eitel Hospital, Minneapolis, 1935.) Why don't you write. I'm awfully anxious to hear from you. Viola Pakonen, 114A West Broadway, Glendale, Calif.

BETTY CHAPMAN: This nurse is an alumnus of the Mary Hitchcock Memorial Hospital in Hanover, N. H. She had charge of the X-ray Department of the Nassau County Hospital, Mineola, N. Y., in 1923. Her married name is Martin. If anyone

APRIL—R.N.—1941

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Among the many subjects of collateral interest to the nurse are:

● Bed sore

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● Typhoid Fever

● Rheumatic Fever

● Delirium

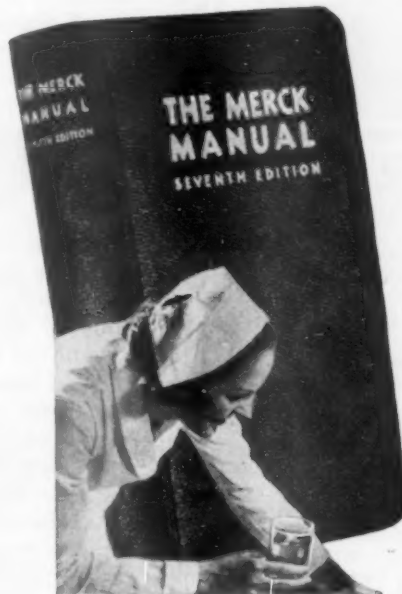
● Eclampsia

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● Insomnia

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RN 4-41

knows her present location, please advise me—or tell her her roommate from Maine would enjoy hearing from her! Elizabeth (Henderson) Greeley, Windsorville, Me.

May Bobeck, R.N.

[Continued from page 27]

lawyers, doctors, and even flyers. "I came pretty close to saying 'yes' a time or two," she remembers, "but not quite." She has made many worthwhile friendships during her seven years in the air, however.

Miss Bobeck is, incidentally, the only one of the four nurses who pioneered air hostessing who is still in airline service. Two of the four are married, and the other is in charge of the Infirmary of Shirmer College at Mount Carroll, Illinois.

After flying for 2,000,000 miles, she confesses to a "postman's holiday" tendency on her vacations. "I still enjoy flying intensely," she says, "and I always arrange my vacations so that I can fly to some part of the country I haven't visited before."

During the last few years, airline officials have become more and more conscious of the importance of uniform health of their employees, and have tended more to constant, company-sponsored medical attention and supervision of pilots, nurses, mechanics, and other commercial flying employees. Late in 1939, it was decided that Dr. Edward C. Greene, chief of the medical center at LaGuardia Airport in New York, needed an assistant, and the post was offered Miss Bobeck.

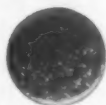
Her appointment went through just about a year ago, a signal honor for the woman with more miles and hours of service in the air than any other. As second in command of eastern aviation's health corps, Miss Bobeck's present duties include the regular periodic examinations of all employees of the lines, especially of the pilots, and gen-



"You're the prettiest nurse I ever saw!"

GOODBYE DANDRUFF!

1. This photograph shows germs and dandruff scattered, but not removed, by ordinary soap shampoo.



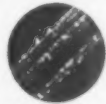
Soap Shampoo

2. All germs, dandruff and other foreign matter completely destroyed and removed by Fitch Shampoo.



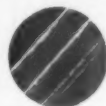
Fitch Shampoo

3. Hair shampooed with ordinary soap, rinsed twice. Note dandruff and curd deposit left by soap to mar natural luster of hair.



Soap Shampoo

4. Fitch Shampoo and hair rinsed twice. Note Fitch Shampoo removes all dandruff, undissolved deposit, and brings out the natural luster of hair.



Fitch Shampoo

Of course, I'm pleased when a patient tells me that! I used to have so much dandruff that people thought me very unattractive.

Then one day a patient insisted on having a Fitch Shampoo. Her hair hadn't been washed for a month and her dandruff was worse than mine. Fitch Shampoo is a germicide, and you apply it to the dry hair and scalp—two facts that make it ideal for sickroom use. It penetrates the tiny hair openings on the scalp and cleans them out, dissolving every speck of dandruff. In fact, Fitch Shampoo is sold under a money-back guarantee to remove dandruff instantly. After that shampoo, my patient's hair was silky, manageable, and completely free of dandruff.

Due to exposure to ether and germs, I use Fitch Shampoo regularly each week because it leaves my hair and scalp antiseptically clean. No wonder I receive lots of compliments on my hair—it is sparkling clean and full of natural lustre and color.

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eral medical supervision under Dr. Greene. She handles most of the examination and testing of applicants for stewardess posts, has plenty to say about who flies and who doesn't.

"When the position was offered," says Miss Bobeck, "I jumped at the chance. Not that I didn't like my work as an air hostess, because it was interesting and stimulating. But . . . it wasn't really nursing and—after all—I always wanted to be, had been, and was primarily a nurse. My work in seven years on the lines taught me a tremendous lot—about people as well as about flying—and that experience will always be valuable. I think I'm a better nurse because of it! In any case, I haven't yet had occasion to regret my decision to give my wings a light trimming and to climb back into a white uniform again."

News of the month

[Continued from page 17]

prior to January 1, 1935.

Nurses not able to present evidence of training in a school satisfactory to the Board of Nurse Examiners may take the examination if they can prove they have been employed as nurses in the State for five years prior to September 1939.

● Shortages there may be in many places, but there is no lack of R.N.'s in California, nursing authorities there report. On January first of this year, there were more than 38,000 registrants and 1,200 students still in nursing schools. . . Another well-equipped State is New York with around 53,000 graduates. Other States, not so fortunate, are worriedly counting their professionals.

Negro nurses will be needed for service with colored troops all over the country. Within the last sixty days the Army called fifty-six colored nurses for service, twenty-eight at Fort Bragg, North Carolina, and the remainder at

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Q. *But, doctor, is it all right to leave the peas I don't eat in an open can?*

A. *From the standpoint of health, there is no reason why peas, or any canned food, should be put into another container. (1)*

(1) For some obscure reason many members of the general public persist in believing that an open can is not a safe food container. The U. S. Department of Agriculture expressed itself on this fallacy in a press release of February 23, 1936, as follows:

"... Thousands of housewives are firm in the faith that canned foods ought to be emptied as soon as the can is opened, or at least before the remainder of the food goes into the refrigerator... Whether in the original can or in another container, the principal precautions for keeping food are—Keep it cool and keep it covered." *American Can Company, 230 Park Avenue, New York, N. Y.*



The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

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It is because he knows that abrasions, cuts, and lacerations are soothed when covered with a Campho-Phenique dressing, for Campho-Phenique is intended to minimize pain and inflammation.

The intense local pain, the burning sensation, and other discomforts of small burns and scalds respond favorably to Campho-Phenique.

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_____ R. N.

Address _____

City & State _____

Fort Livingston, Louisiana. More calls are expected this month.

• Two nurses in Fort Worth, Texas are eating five meals a day, plus extra glasses of sweetened milk, in an effort to qualify for Army enrollment. They are Dorothy Davis and Mildred McCay—both underweight, but they won't let that stop them for long. Miss Davis has four pounds to go, Miss McCay two, to make the required 106-pound minimum.

• Arriving in Boston aboard the Army transport Hunter Liggett, Lieut. Olympia Kozick of the Army Nurse Corps cheerfully admitted Army life is more than it's cracked up to be. For a whole month of Caribbean and high-seas cruising, she was the only woman on ship with 1,300 soldiers! (No wonder the recruitment of nurses has picked up!)

• Nine R.N.'s who have just reported

R.N.



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SWEATER

A Stunning “Tish-U-Knit”
Designed by Léon Especially for
YOU . . . Obtainable with or with-
out “R.N.” Crest . . . Only \$3.98
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Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154—Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60

for duty at Fort Douglas, Utah like the Army too. First nurses to be stationed at the Post since 1918, the girls got a rousing welcome. The "sick list" mounted alarmingly during their first week on duty. . . It wasn't the flu.

● For about two years it's been "all quiet on the western front" so far as nursing legislation is concerned. Now, however, the ambitions of practical-nurse groups in the State are forcing the California State Nurses' Association to re-enter the legislative arena. The bill they are interested in would bring the practical nurses in California, together with trained attendants, under the Nursing Practice Act and give the professional Board of Nurse Examiners full jurisdiction over non-professional nurse classifications.

The p.n.'s on the Pacific Coast are well-organized. They want no part of the professional group—no advice, no supervision. Above all, they do not

want the professional group to set standards for and control the practice of subsidiary nurses. Practical-nurse leaders have therefore introduced into the current legislative session, Senate Bill 718, known as the Trained and Practical Nursing Attendants' Act. The bill proposes to add a new chapter to the Business and Professional Code relating to, "Trained and Practical Nursing Attendants and Aides, providing for the licensing of persons as trained and practical nursing attendants, and the issuance of aides' certificates of ability, declaring unlawful the practice as a trained or practical nursing attendant without a license, and declaring other acts unlawful, prescribing penalties therefor, and creating certain exceptions." The measure, which is being opposed by the CSNA, aims to set up a board of practical-nurse and trained-attendant examiners, operating under the State Board of Public Health, to regulate all types of nursing not gov-

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Take a tip from Mary Jane*

*Mary Jane abominates
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Not that Mary Jane is snooty;
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Dirty work? Pooh! Nothing to it!
Mary Jane lets "soaking" do it.*

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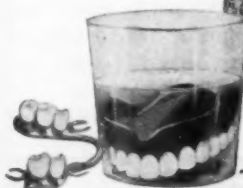
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POLIDENT dissolves away all traces of film and discoloration . . . soaks out odors . . . leaves plates LIKE NEW. It gets into every crevice where brushing can't reach . . . won't harm dentures . . . used and recommended by leading dentists everywhere.

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Soak 10-15 minutes—Rinse—That's ALL!

Brushing false teeth is dangerous . . . as well as unpleasant. Polident minimizes danger of hand-infection from unclean plates . . . lessens possibility of scratching, dropping or otherwise damaging expensive dentures.

erned by the present Nursing Practice Act, passed in 1939. This p.n. board would set standards for practical nursing, hold examinations, issue licenses, and accredit schools for instruction in practical nursing. Its activities would parallel those of the Board of Nurse Examiners.

Director Harriet Friend of the California State Nurses' Association, told R.N. that the establishment of a separate body to govern practical nursing and regulate schools for the training of unregistered nurses, would be "very inefficient and wasteful" and, furthermore, that a "board made up of practical nurses would not be qualified to set standards for practical nursing or to accredit schools." Miss Friend pointed out that many of the schools where practical nurses are now trained have to employ registered nurses to give instruction.

The CSNA will, therefore, amend and bring up to date the Trained Attendants' Act, which has been on the statutes since 1919. This action, according to Miss Friend, is occasioned as much by changing conditions as by the action of the practical nurses in attempting to get their own legislation passed. The Fairmont Hospital in Alameda County, among others, has asked the association to consider amending the Trained Attendant's Act to take in practical nurses and make it fully applicable to present conditions.

CSNA plans include amendment of

the Trained Attendants' Act (Assembly Bill 1915) to cover: transfer of administration of the Act from the State Board of Public Health to the Board of Nurse Examiners; bringing under the Nursing Practice Act the licensing of practical nurses and trained attendants; setting up standards for these groups; and the accrediting of practical-nursing schools.

According to R.N. leaders on the Coast, the greatest objections to the bill proposed by p.n. organizations is the fact that under its provisions the p.n.'s themselves would be misled. Because of the manner of setting standards and accrediting schools it advocates, persons wishing to obtain certification as TNA (trained nursing attendant) or PNA (practical nursing attendant) might be compelled to take courses and pay tuition at unorthodox commercial schools which would fail to qualify them for certification.

TIDBITS: Luckiest nurse last month was Ferne Miller of Johns Hopkins, general-duty nurse, private floor. She had Clark Gable for a patient...The New York Sun applauds the use of lipstick by uniformed Army nurses. Fine for soldier morale, say the editors...Visiting nurses now get free trolley and bus rides in Scranton, Pennsylvania, just like firemen and policemen. Neighboring towns, impressed, ask "Why not here, too?"...A potentially good nursing career headed for the dishpan re-



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cently. In Cincinnati, Ohio, Emily Gruen (daughter of Gruen Watch board-chairman George Gruen) finished first among 760 nurses in State board examinations, with a grade of 95.3 per cent. Shortly thereafter, Emily calmly announced her intention to wed a doctor in June. . . Preparing for service with the Red Cross in England, Marion Blissett (head nurse at the Henry Ford Hospital in Detroit) had only one complaint. She may take with her only two suitcases—and these will be filled with uniforms, will have no room for a smart wardrobe.

Should married nurses work? Yes!

[Continued from page 20]

any progressive profession, you want a sprinkling of those who have actually *done* the things they teach others to do. I say cultivate the "marrieds," encourage them to bring their experience back into the profession.

Nursing is beginning to consider the experience of modern educators. Perhaps someday we will have some of the privileges of teachers, who take two or three maternity leaves and return to their jobs all the better for added experience, and a normal emotional life at home.

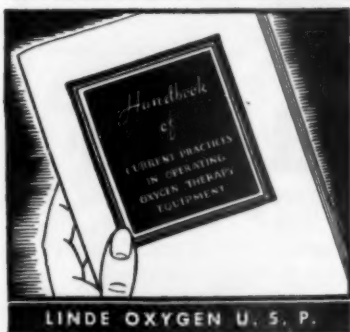
Here, too, is a chance for me to take a crack at what the single girls picture as the condition of our homes. Poor

starved husband and dying children. Pish and tosh! All the latest studies of the subject are arguments to the contrary.

The B. & P. W. club survey does a good job in smashing the superstition that most married women workers feed their families from the delicatessen store. Their eating habits, and those of their families were found to be as good, and sometimes better than those of the families without working wives. A recent Vassar College study showed that working mothers actually spent more time with their children than non-working mothers did. The working mothers thought about it more!

It's true that the Children's Bureau shows a high rate of infant mortality among families with working mothers. But the Bureau explains this by the fact that a high percentage represented factory workers who took insufficient time off before and after pregnancy. Actually, the working professional woman, because of the added income she brings the family, can do wonders for herself and her child in the way of prenatal and post-natal care.

As I see the married R.N., she's an asset to her profession and ought to be encouraged to continue rather than lambasted out of her job. She's better off using her professional training in a world that badly needs it than she would be at home, dusting behind radiators. If she can manage a home and a job together, both she and her profession are to be complimented.



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★ Although vaginal affections may lead to many types of subjective discomfort, the most annoying and persistent of all symptoms is pruritus. Continuous, constantly fixing the patient's attention upon the local involvement, and frequently so intense that it amounts to actual torment, pruritus vulvae demands immediate diagnostic and therapeutic attention. If sufficient restraint cannot be summoned, traumatic lesions due to scratching may seriously complicate the picture. Relief is imperative because of the adverse influence upon emotional equilibrium. Through the specific antipruritic influence of Calmitol Ointment, pruritus vulvae is promptly alleviated. It lessens the sensibility of the afferent nerve endings, and its lanolin-petrolatum base protects the tissues from the irritating local secretions. With Calmitol Ointment, prolonged subjective relief is readily maintained while search for the underlying cause is conducted.

Because of its contained ingredients (chlor-iodo-camphoric aldehyde, levohyosine oleinate, and menthol in an alcohol-chloroform-ether vehicle), Calmitol Ointment blocks the further transmission of offending impulses, exerts a mild antiseptic action, contributes to resolution by local hyperemia. In obstinately severe pruritus, Calmitol Liquid is recommended prior to application of Calmitol Ointment, except on sensitive areas or denuded surfaces.

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In review

[Continued from page 31]

the authors carry simplicity to the extreme—unfortunate in a field in which the reader may be comparatively uninformed.

To the subject of birth injuries, although many new treatments are currently in use in hospitals, the authors devote only a page and a half. Less than four pages deal with the complicated and important facts about infantile paralysis. It would seem that expert neurologic nursing might require much more background than this text provides.

'To market—'

[Continued from page 16]

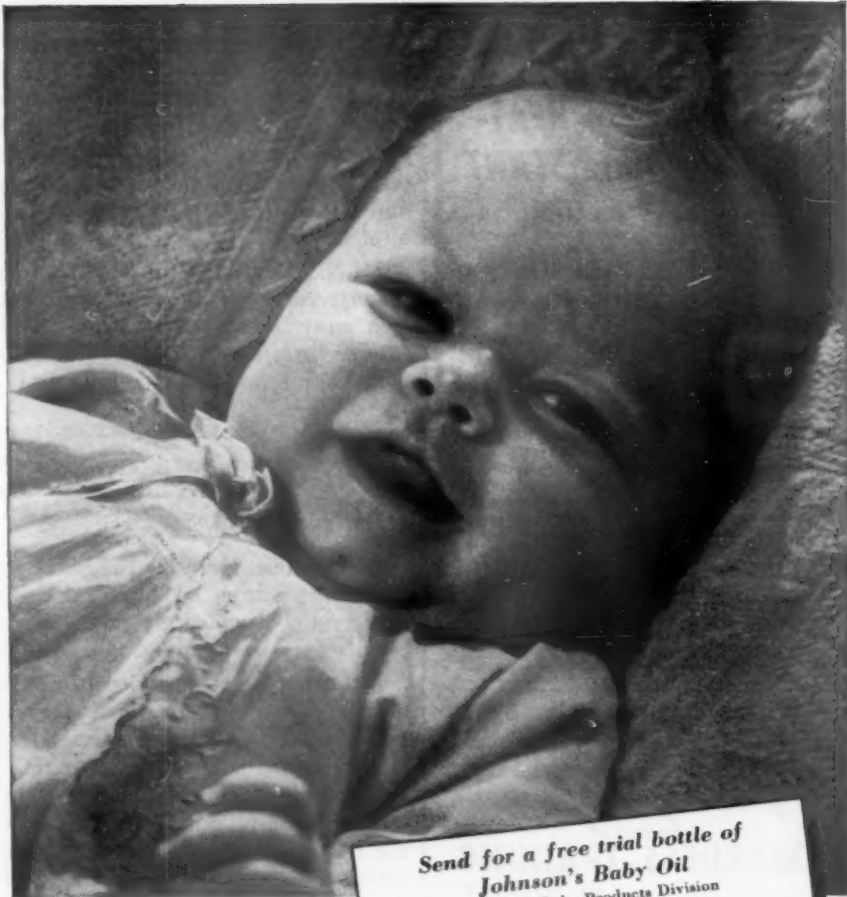
sharkskin in the operating room because this fabric may give off a spark or two at the wrong moment. There's no reason, however, why this material should not be worn by private duty nurses who prefer to do their own laundry, by office and clinic nurses, nurse-teachers, and general staff nurses.

This year's uniform silhouette is a little different from last year's, following the outline generally prescribed by fashion designers. Yes, shoulders are not so square, waistlines are not so pointedly hour-glass.

If you have a long back or a bit of lordosis, try one of the models which have a flare directly down the back of the skirt. You'll be amazed at the improvement in general "profile."

The exaggerated nip-in waistline has given way to a smooth flowing line from neck to hem, following the natural curves of the body. Set-in belts add to the effect. Skirts are worn just enough below the knee to be professional, and they are full enough not to hike up.

As for the periodic dispute over short or long sleeves, once again it is your individual problem to make the uniform fit your job. Whatever the sleeve, cuffs are prominent and beautifully tailored this season, and add greatly to



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- Will not turn rancid
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- Pleasantly fragrant
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Johnson's Baby Powder,
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[R.N. will provide a list of uniform manufacturers from whom Spring catalogs may be obtained. Just send a stamped, self-addressed envelope along with your request.—THE EDITORS]

Obstetrics

[Continued from page 29]

Friedman test. Here the pregnant woman's urine is injected into a rabbit. It is preferred by some physicians because results may be obtained more quickly.

Vitamin K.—Newborn infants show a special tendency to bleed. This may be evidenced in several ways. Hemorrhage into the gastrointestinal tract (melena, hematemesis), bleeding from the cord (omphalorrhagia), and bleeding of the genito-urinary tract (hematuria) are several types. Incidence of retinal hemorrhage during the first week of life is between 12 and 30 per cent. Bloody spinal fluid is seen in one out of ten babies at this time of life. Tendency to bleed may reach pathologic proportions and give rise to the hemorrhagic disease in conjunction with trauma, anoxia, or cerebral bleeding. The latter is considered the most common cause of neonatal deaths.

Original work in the use of Vitamin K was done by Dam in 1935. [See R.N., June 1940.] It was found that absence of this fat soluble substance in chicks lowered blood-clotting time to such an extent that multiple hemorrhages developed. The normal amount of prothrombin was lacking. When Vitamin

IRON RETENTION IS NOT AN ACCURATE MEASURE OF IRON UTILIZATION

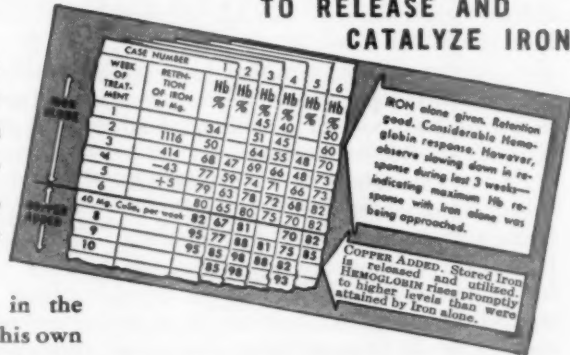
COPPER IS NEEDED TO RELEASE AND CATALYZE IRON

● A revealing study of the improved results of using iron *plus* copper as contrasted with iron alone, in infantile anemias, is reported by James H. Hutchison, M. D. (Quarterly Journal of Medicine, VII, 27, July, 1938).

His conclusions, summarized in the charts above, may best be stated in his own words. "The administration of iron produced a large iron-storage in the body. Of this store, only a small amount went to hemoglobin formation, the remainder being, apparently, unavailable, as the hemoglobin level ceased to rise appreciably (save in Case 6) until the administration of copper caused some of the stored iron to be liberated into the blood stream for transportation to and utilization by the haematopoietic centers in the bone marrow."

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K was administered, the plasma prothrombin level was raised and clotting time accelerated.

Today, many physicians administer Vitamin K routinely. Best method is administration of the vitamin to the mother before and during labor. Many authorities believe that this will nearly eliminate the so-called hemorrhagic disease of the newborn as well as certain types of cerebral hemorrhage. It has been given as late as four hours before delivery with success. Giving Vitamin K to the infant immediately after birth also increases the prothrombin concentration. The point reached, however, is not as high as that in antenatal administration to the mother.

Parenteral rather than oral administration is recommended in treating infants and patients who are vomiting. It is also recommended in patients suffering severe hemorrhage where rapid control is essential. Success in these cases depends upon accurate diagnosis

and immediate injections of the vitamin. Because of the general success it seems fair to say that Vitamin K warrants routine antenatal use. Incidence of so-called traumatic birth injuries has been lowered and will probably continue to be less common.

Vitamin K is present in several foods, notably tomatoes and green vegetables such as cabbage and spinach. Extracts of alfalfa, hog liver, and hempseed contain the vitamin as do several synthetic products now available. Food sources in the diet during pregnancy are advisable and they are cheap.

Hormone therapy.—Pregnancy is normally accompanied by definite modifications in the whole endocrine system. The thyroid, ovary, parathyroid, adrenals, pancreas, and pituitary undergo functional and even structural alterations. The placenta is temporarily added to the ductless gland system. Products of these glands (hormones) are important in their influence on

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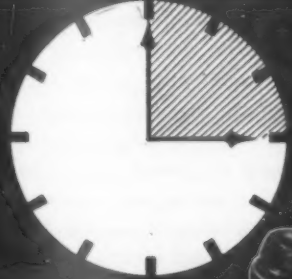

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pathological states. For this reason, hormone treatment for disorders during pregnancy is receiving increased study.

The corpus luteum hormone (progestin) influences the preparation of the endometrium for successful embedding of the ovum. Disturbance of the endocrine balance may bring about a termination of pregnancy as either abortion or labor.

Because of acid in the stomach and alcohol in the intestines, oral administration of corpus luteum, gonadotropic, and pituitary hormones is useless. They are inactivated by the digestive juices. Intramuscular or subcutaneous injections are the preferred methods. Hormones are usually given in divided doses at regular and frequent intervals. Absorption from the tissues takes place more slowly and is more efficient when the hormones are in an oily medium.

In threatened abortion, the corpus luteum hormone is often used. This tends to allay uterine contractions by inhibition of the muscle. It may be administered from the onset of the symptoms until after pain and bleeding have ceased. Treatment may continue for some time in patients known to abort easily. The gonadotropic hormones are also used to secure uterine quiescence. These are preparations produced either synthetically or from the urine of pregnant females or mares. Chemically they represent the pure growing ovarian follicular hormone, estradiol.

The pituitary hormone is used to in-

duce labor. Estrogenic hormones have also found favor in treatment of excessive vomiting and toxemias of pregnancy.

In the first stage of uterine inertia, control may be accomplished by hormone administration. Pituitary hormones before the expected onset of labor have shown good results. However, when labor has started and inertia is established, pituitary administration requires the utmost caution. Pituitary is also valuable when bleeding continues after delivery of the placenta. This same hormone is also used for delayed involution.

Relief of "after pains" through use of progestin relieves pain quickly. However, some controversy on this exists. Many question the advisability of allaying muscle contractions at this time.

Pituitary extracts are given for disorders of lactation. In this case a special hormone of the pituitary body called "prolactin" may aid in increasing milk secretion. Estrogenic hormones may relieve engorged and painful breasts. Here again there is some difference of opinion.

While theoretically the application of endocrinology should be successful, it is still handicapped by a lack of more complete and accurate knowledge. Absorption, utilization, inactivation, destruction and excretion of the hormones are not fully determined. Expense of the preparations must also be considered in many cases. [Turn the page]

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Analgesia and anesthesia.—While many methods have been used for centuries, the development of obstetrical analgesia is really a product of the present generation. In 1899, morphine and scopolamine were used in surgical patients. Gauss developed a dosage and means of administration in 1907 and called it "twilight sleep." In the following years it was used extensively, but it tended to increase infant mortality. This was due to asphyxia. In 1915, nitrous oxide was recommended. Gwathmey introduced his synergistic colonic anesthesia in 1921. Barbituric acid derivatives were used later. Today the barbiturates alone or in combination with other drugs such as opiates (hyoscine and paraldehyde) seem to be most popular. Pentobarbital sodium in combination with hyoscine produces an amnesia with analgesic effects. This combination cannot be used if the patient is overly excited or if upper respiratory infections or cardiac disease are present.

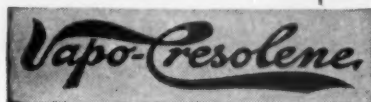
When medication of this type is given too soon, labor may be retarded. Most authorities agree that it should be limited to the second stage and delivery. Expert nursing care is of the utmost importance. Chloroform may be used, but tends to have a toxic effect. Ether causes relaxation of the uterus and bleeding in the third stage may be increased. Nitrous oxide is most popular but is usually administered at no greater than 85 per cent with 15 per cent

of oxygen. Ethylene and cyclopropane have been used with great success. The latter is of great value because of the low concentration of anesthesia compared to the high oxygen content of the mixture used. The danger of explosive combinations must be taken into consideration always.

Nurses adequately trained in administration of analgesia should be in constant attendance. Dosage and administration must be individualized and stimulation is frequently needed to avoid too many analgesia hours. Mental attitude of the patient is important for successful analgesia. The nervous, fearful type rarely receives satisfactory results. Confidence in the doctor and nurse are absolutely essential.

In all of these cases, ample equipment for treatment of asphyxia and apnea neonatorum should be at hand. Controversy still wages as to the best means of analgesia and anesthesia. The daily press, magazine articles, and commentators on the radio have had a tendency to give the laity exaggerated reports. As a result, the patient may be overly expectant and demand too much pain alleviation during parturition.

Chemotherapy.—Use of the sulfamide compounds in infections has almost doubled the recovery rate. Yet results in the presence of different organisms are not uniform. Happily, however, most infections are caused by hemolytic streptococci or staphylococcus and against these they have proved



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very effective. While these chemicals are valuable they should not be relied upon too completely. Transfusions of blood from immune donors have also been of value. In the last analysis, reliance must be placed upon prophylaxis. *This still remains the first method of reduction of incidence of infections.*

Diet.—The trend is toward keeping the pregnant woman in a stage of physiological equilibrium. She is encouraged to use a high vitamin diet and one that contains the essential inorganic constituents. This appears to lessen the incidence of many complications. Even when these complications do appear she is better able to cope with them and they are less severe. A high carbohydrate diet is sometimes successful in toxemias and vomiting of early pregnancy. The value of vitamin B₁ and its relation to fatigue, nausea, and vomiting has been established. Iron high diets are also a matter of routine in most cases. A well balanced diet with due recognition of altered metabolism, impaired digestive functions, and decreased absorption is recommended.

Nursing care.—In few conditions is nursing care more important than in obstetrical practice. In early stages of pregnancy, the nurse's influence is invaluable in educating the prospective mother. Proper clothing, diet, and health habits should (if possible) be taught by the nurse. Urging the patient to submit to regular examinations and

increasing a sound mental attitude are also part of her job. In the last stages and during actual onset of labor the nurse's observations are of the utmost importance. Asepsis is one of her special jobs. Nursing care may often be the deciding factor in affecting a successful pregnancy and delivery. Nurses should rightfully receive major credit for many healthy, happy mothers and babies.

[For a bibliography of the procedures discussed in this article, send a stamped addressed envelope.—THE EDITORS]

A vacation

[Continued from page 13]

often you carry it in a light pack.

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a week, but the most expensive are not always the best fun. In addition to round-ups, brandings, herd riding and exhibitions, there are dances and trips—and days to just loll. An organization called the Dude Ranchers' Association has a list of approved ranches to meet all pocketbooks. Reservations must be made early; many of the better ranches are small, family affairs and fill up early.

All things considered, there's no reason why you should not be able to afford a "different" vacation this year—provided you plan early and carefully, and arrange to get the most that you can for every vacation dollar spent. Any nurse with around a hundred dollars and two weeks' time should be able to buy herself some of the best vacation entertainment available. And even those with less, if they invest wisely, can give themselves a complete change of scene. That, say the experts, is a major phase of vacation-therapy—and one which

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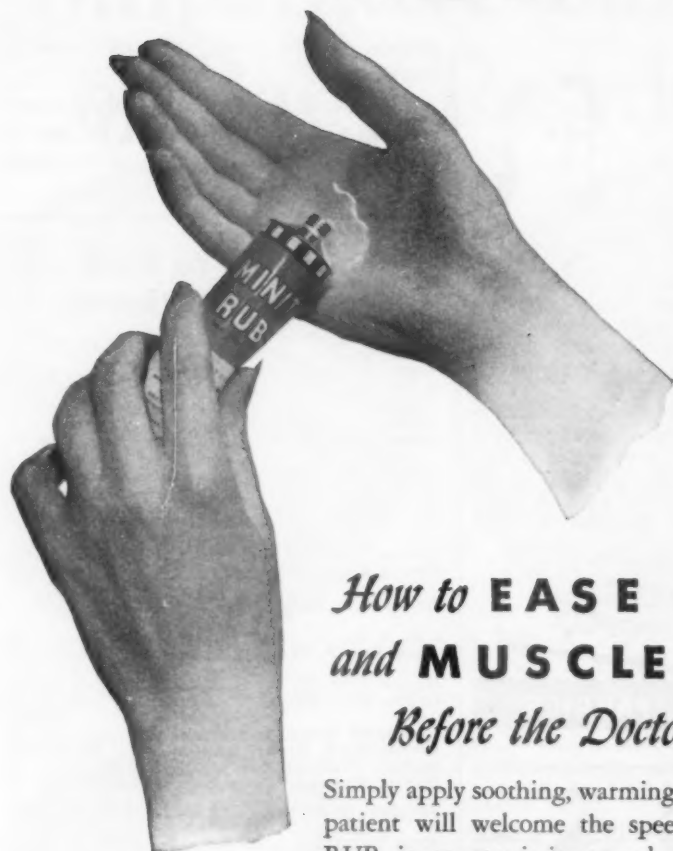
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Comparative Fineness of Baby Powders

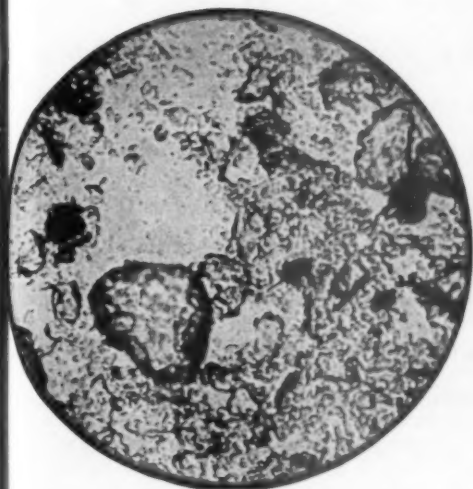


Fig. 1—A well known baby powder. Note the uneven texture . . . the large, rough particles.



Fig. 2—Another well-known baby powder. Sharp, rough particles are again present; texture is uneven.



Fig. 3—Mennen Antiseptic Borated Powder. Note the comparative fineness of texture and absence of large, rough particles.

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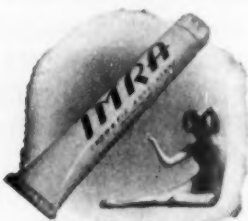
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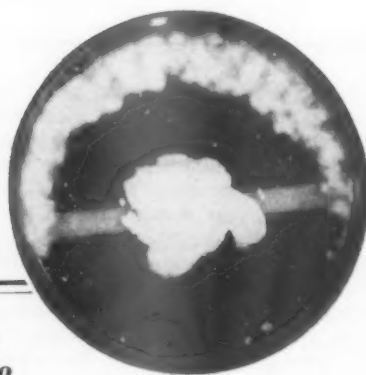
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DIRECTOR OF NURSES: West. Appointment in large university hospital. Enrollment includes approximately 125 student nurses, 80 graduates. Salary, \$3,000; maintenance. (Placement bureau charges \$2 registration fee.) Box MB4-3.

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GENERAL DUTY: California. Graduate nurse needed for night duty on obstetrical and surgical floor of nine beds. Three nurses on staff. Salary, \$100; maintenance. (Placement bureau charges \$2 registration fee.) Box MB4-5.

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GENERAL DUTY: Michigan. Opening in fairly large hospital. No surgical cases accepted. Salary, \$90; maintenance. (Placement bureau charges \$2 registration fee.) Box MB4-6.

GENERAL DUTY: Midwest. Opening in approved tuberculosis hospital; eight-hour schedule; one day off each week. Salary \$80, maintenance; or \$85 with meals and laundry provided, if nurse prefers to live out. (Placement bureau charges \$2 registration fee.) Box MB4-7.

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record statistics, and take some medical dictation. Salary, \$100; maintenance. (Placement bureau charges \$2 registration fee.) Box C452.

RECORD LIBRARIAN: Midwest. Interesting connection in private hospital located in suburb of midwestern metropolis. (Placement bureau charges \$2 registration fee.) Box MB4-13.

SOCIAL SERVICE WORKER: West. Well-trained medical-social worker needed for orthopedic service of university hospital. Must be capable organizer.

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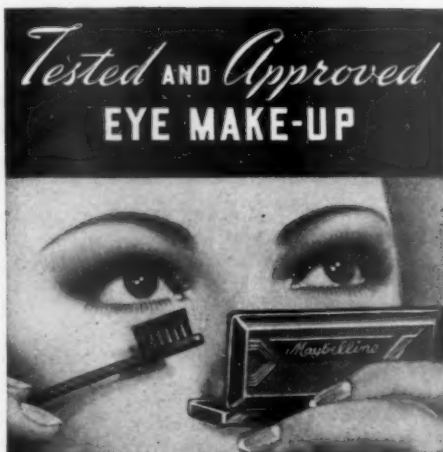
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